Maryland HIV/AIDS Quarterly Update

Third Quarter 2019

Data reported through September 30, 2019
Center for HIV Surveillance, Epidemiology and Evaluation
Infectious Disease Prevention and Health Services Bureau
Prevention and Health Promotion Administration
Maryland Department of Health
https://phpa.health.maryland.gov/OIDEOR/CHSE/pages/Home.aspx
800-358-9001

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Section I – Background Information

HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that people living with HIV be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in the Code of Maryland Regulations (COMAR) 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician's office is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the Maryland Department of Health by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health Department where the institution is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the Maryland Department of Health to establish electronic reporting.
- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland Department of Health, by mailing the State of Maryland HIV/CD4 Laboratory Reporting Form (DHMH 4492). Laboratories are encouraged to contact the Maryland Department of Health to establish electronic reporting. Reporting forms and instructions, including mailing addresses and phones numbers, are available on our website:

https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/reporting-material.aspx

For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Maryland Department of Health, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health at 410-767-5227.

Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for people that have been diagnosed with HIV by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis or are current residents of Maryland as of March 31, 2019. Surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of data. Data are only available for people receiving medical care, often only at facilities in Maryland, and only includes information that has been reported to the health department. Linkage to care data is based solely on laboratory data reported to the health department.

Maryland Residence: This epidemiological profile provides estimates of people living with diagnosed HIV in Maryland by their residence as of March 31, 2019. Residence at diagnosis and age at diagnosis are used exclusively to describe new HIV and AIDS diagnoses. Current residence data are restricted to people for which there is a case report form or laboratory test reported since January 1, 2009. Restricting address data to recent years presents the most accurate data available and helps to account for people that may have moved out of state whose data would no longer be reported in Maryland. However, current residence data excludes people that may still be residents

of Maryland but have not received any HIV care during the most recent ten and a half years. In addition, residence is dynamic and people living with diagnosed HIV may have resided at multiple addresses that cannot all be represented in single time point estimates.

Maryland Residence – Correctional Facilities: People living with diagnosed HIV who were reported to be residing in a state or federal prison as of March 31, 2019 will be presented in the Maryland epidemiological profile only. For surveillance purposes, pre- or post-incarceration residential addresses are used for people living with diagnosed HIV who were incarcerated in local jails and detention centers. Individuals diagnosed or previously identified as residing in a correctional facility, whose most recent reported residential address indicates they were not residing in a state/federal correctional facility as of March 31, 2019, are included with estimates of people who are not incarcerated. The movement of persons between Maryland correctional facilities is not reflected in this report.

Foreign-Born Maryland Residents: The completeness of reporting a person's country of birth is variable in surveillance data. Not all agencies collect or have complete data on nativity. In addition, some individuals may immigrate to the U.S. with HIV. HIV testing data from other countries is often unavailable for these people; therefore, they are counted as a new diagnosis following their first HIV related lab test in the United States, even if they were first diagnosed elsewhere.

Please note that data reported in the quarterly reports may not match data reported in the annual epidemiological profiles due to differences in reporting periods. In addition, not all data has been geocoded in the quarterly reports and therefore is preliminary. Geocoding is the process of assigning geographic identifiers to map features and data records. Addresses are standard data elements required by law and submitted as part of reporting requirements; however, the information may be incomplete which then requires a geocoding process to improve the quality of data. This process is fully completed on the end-of-the-year data set.

Stages of a HIV Surveillance

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

A instance of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, and years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and

reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would probably be many years after the initial HIV infection [time point 1].

Changes in Terminology

The terminology for HIV and AIDS surveillance data was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and People Living with Diagnosed HIV replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a certain time. Prevalence includes both newly and previously diagnosed individuals as well as undiagnosed infections. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, reports received through a certain time (six months after March 31, 2019) are used to generate the number of diagnoses during the prior years. This lag time allows for delays in reporting and time to complete investigations. Instead of the previous one-year lag, this epidemiological profile utilizes a six-month lag, and as a result, data on exposure category and deaths for the prior year are preliminary. For example, the Reported HIV Diagnoses for 2018 are the total number of people diagnosed with HIV from April 1, 2019 to March 31, 2019, as reported by name through September 30, 2019.

To calculate the number of people living with diagnosed HIV, we count all reported diagnoses from the beginning of the epidemic (all new diagnoses each year) and subtract all reported deaths. For example, the total people living with diagnosed HIV on March 31, 2019 are the total reported HIV diagnoses not reported to have died as of March 31, 2019 as reported by name through September 30, 2019.

Laboratory Data

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4+ cells per microliter of blood or if the percent of T-Lymphocyte cells that are CD4+ cells is less than 14 percent. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Low levels of VL, such as less than 200 copies per milliliter of blood, are known as viral suppression. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured regularly, at least once per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" after diagnosis or is "retained in care."

Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, current residence, age, race/ethnicity, sex at birth, current gender, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health's Enhanced HIV/AIDS Reporting System (eHARS), September 30, 2019.

Population data are from the July 1, 2018 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

Tabulation of Column Totals

Numbers in figures, tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

In order to protect the confidentiality of people living with diagnosed HIV, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 people.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

Glossary of Terms

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of people living with diagnosed HIV with a CD4 test distributed by their CD4 count results (cells per microliter).

CD4 With Test: Number and percent of total people aged 13+ living with diagnosed HIV with a recent CD4 test result.

Corrections: Residence in a state or federal prison. Does not include local jails and detention centers.

Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

First CD4 Test Result Median Count: Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

First CD4 Test Result Percent with Test: Percent of reported HIV diagnoses among people aged 13+ with the first CD4 test result reported within 12 months following the initial HIV diagnosis.

Jurisdiction of Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

Jurisdiction of Residence: Jurisdiction of residence at diagnosis or current residence.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at the later time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Late HIV Diagnosis: Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 3 months after their initial HIV diagnosis.

Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a reported CD4 or viral load test performed less than or equal to 1 month or 3 months after their initial HIV diagnosis.

People Aged 13+ Living with Diagnosed HIV: Reported HIV diagnoses, age 13 years or older as of March 31, 2019 and not reported to have died as of March 31, 2019.

People Living with Diagnosed HIV: Reported HIV diagnoses not reported to have died as of March 31, 2019.

Median Count: Median CD4 count (cells per microliter), among total people aged 13+ living with diagnosed HIV, of the most recent CD4 test result measured in the specified year.

Median Unsuppressed: Median unsuppressed viral load (copies per milliliter) among people aged 13+ living with diagnosed HIV of the most recent viral load test result measured in the specified year of 200 copies per milliliter or greater.

Percent Change: The percent change in number of total people aged 13+ living with diagnosed HIV from residence at diagnosis to current residence.

Percent Late HIV Diagnosis: Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 3 months prior to their initial AIDS diagnosis.

Percent Suppressed: Percent of total people aged 13+ living with diagnosed HIV with a recent viral load test result measured in the specified year of less than 200 copies per milliliter.

Population: Population estimate for July 1, 2018.

Population Age 13+: Population age 13 years or older, estimate for July 1, 2018.

Rate: Number of people living with diagnosed HIV divided by the population and multiplied by 100,000.

Ratio (1 in X): Number of people for every 1 person living with diagnosed HIV in the population, or 1 person living with diagnosed HIV in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result measured in the specified year.

Recent Viral Load Test Result: The most recent viral load test result measured in the specified year.

Reported AIDS Diagnoses Among People Aged 13+: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Reported HIV Diagnoses Among People Aged 13+: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Residence at Diagnosis: Jurisdiction of residence at later time of initial HIV diagnosis or initial AIDS diagnosis.

Total People Aged 13+ Living with Diagnosed HIV: Reported HIV diagnoses, age 13 years or older as of March 31, 2019 not reported to have died as of March 31, 2019.

Viral Load With Test: Number and percent of total people aged 13+ living with diagnosed HIV with a recent viral load test result.

Maryland Department of Health Non-Discrimination Statement

The Maryland Department of Health (MDH) complies with applicable Federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

English

Help is available in your language: 410-767-5227 (TTY: 800-735-2258). These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 410-767-5227 (TTY: 800-735-2258). Estos servicios están disponibles gratis.

中文/Chinese

用您的语言为您提供帮助: 410-767-5227 (TTY: 800-735-2258). 这些服务都是免费的

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Section II – Reported HIV Diagnoses, Among People Aged 13+, by Jurisdiction

Table 1 – Reported HIV Diagnoses, Among People Aged 13+ During April 1, 2018 through March 31, 2019, Linked to Care, Late Diagnosis, and First CD4 Test Result by Jurisdiction of Residence at HIV Diagnosis, Reported through September 30, 2019

Jurisdiction of Residence at HIV Diagnosis	Population Age 13+	Reported HIV Diagnoses Among People Aged 13+							
		No.	% of Total	Rate	Linked to Care		Late HIV Diagnoses	First CD4 Test Result	
					% 1 mo.	% 3 mo.	%	% with Test	Median Count
Allegany	62,278	9	0.9%	14.5	77.8%	88.9%	***	100.0%	430
Anne Arundel	483,036	39	3.9%	8.1	89.7%	94.9%	35.9%	94.9%	382
Baltimore City	510,571	227	22.5%	44.5	78.4%	85.0%	23.8%	90.3%	406
Baltimore	699,848	123	12.2%	17.6	83.7%	89.4%	23.6%	90.2%	378
Calvert	77,463	4	0.4%	5.2	***	***	***	***	***
Caroline	27,707	0	0.0%	0.0	--	--	--	--	--
Carroll	143,269	6	0.6%	4.2	83.3%	83.3%	***	83.3%	681
Cecil	86,608	8	0.8%	9.2	75.0%	100.0%	***	87.5%	403
Charles	134,428	22	2.2%	16.4	90.9%	95.5%	***	95.5%	497
Dorchester	27,228	0	0.0%	0.0	--	--	--	--	--
Frederick	214,057	23	2.3%	10.7	95.7%	95.7%	***	95.7%	475
Garrett	25,427	1	0.1%	3.9	***	***	***	***	***
Harford	214,532	19	1.9%	8.9	73.7%	89.5%	31.6%	100.0%	398
Howard	268,234	33	3.3%	12.3	93.9%	97.0%	36.4%	97.0%	332
Kent	17,222	0	0.0%	0.0	--	--	--	--	--
Montgomery	877,597	126	12.5%	14.4	85.7%	92.1%	27.0%	95.2%	358
Prince George's	760,274	313	31.0%	41.2	82.1%	91.4%	25.9%	94.9%	385
Queen Anne's	42,794	4	0.4%	9.3	***	***	***	***	***
Saint Mary's	93,234	4	0.4%	4.3	***	***	***	***	***
Somerset	22,469	5	0.5%	22.3	100.0%	100.0%	***	100.0%	300
Talbot	32,218	3	0.3%	9.3	***	***	***	***	***
Washington	127,623	10	1.0%	7.8	60.0%	70.0%	***	70.0%	441
Wicomico	86,947	11	1.1%	12.7	63.6%	90.9%	***	90.9%	417
Worcester	45,604	1	0.1%	2.2	***	***	***	***	***
Corrections	--	20	2.0%	--	80.0%	85.0%	***	90.0%	534
Total	5,080,666	1,011	100.0%	19.9	82.2%	89.8%	25.0%	93.1%	398

*** Data withheld due to low population counts and/or small numbers

Table 2 – Reported AIDS Diagnoses, Among People Aged 13+ During April 1, 2018 through March 31, 2019, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction of Residence at AIDS Diagnosis, Reported through September 30, 2019

Jurisdiction of Residence at AIDS Diagnosis	Population Age 13+	Reported AIDS Diagnoses Among People Aged 13+				
		No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis
Allegany	62,278	0	0.0%	0.0	--	--
Anne Arundel	483,036	28	5.7%	5.8	4.0	46.4%
Baltimore City	510,571	137	27.9%	26.8	7.4	35.8%
Baltimore	699,848	60	12.2%	8.6	5.5	50.0%
Calvert	77,463	2	0.4%	2.6	***	***
Caroline	27,707	0	0.0%	0.0	--	--
Carroll	143,269	3	0.6%	2.1	***	***
Cecil	86,608	3	0.6%	3.5	***	***
Charles	134,428	9	1.8%	6.7	4.7	***
Dorchester	27,228	1	0.2%	3.7	***	***
Frederick	214,057	2	0.4%	0.9	***	***
Garrett	25,427	0	0.0%	0.0	--	--
Harford	214,532	6	1.2%	2.8	5.4	***
Howard	268,234	12	2.4%	4.5	2.2	58.3%
Kent	17,222	1	0.2%	5.8	***	***
Montgomery	877,597	66	13.4%	7.5	5.2	51.5%
Prince George's	760,274	140	28.5%	18.4	3.5	57.1%
Queen Anne's	42,794	0	0.0%	0.0	--	--
Saint Mary's	93,234	2	0.4%	2.1	***	***
Somerset	22,469	1	0.2%	4.5	***	***
Talbot	32,218	0	0.0%	0.0	--	--
Washington	127,623	6	1.2%	4.7	9.4	***
Wicomico	86,947	5	1.0%	5.8	3.9	***
Worcester	45,604	1	0.2%	2.2	***	***
Corrections	--	6	1.2%	--	8.0	***
Total	5,080,666	491	100.0%	9.7	5.3	48.1%

*** Data withheld due to low population counts and/or small numbers

Table 3 – People Aged 13+ Living with Diagnosed HIV, Alive on March 31, 2019, by Jurisdiction of Residence at Diagnosis and Current Residence, Reported through September 30, 2019

Jurisdiction of Residence	Population Age 13+	Total People Aged 13+ Living with Diagnosed HIV								% Change
		Residence at Diagnosis				Current Residence				
		No.	% of Total	Rate	Ratio (1 in X)	No.	% of Total	Rate	Ratio (1 in X)	
Allegany	62,278	77	0.2%	123.6	808	102	0.3%	163.8	610	32.5%
Anne Arundel	483,036	1,316	4.0%	272.4	367	1,386	4.4%	286.9	348	5.3%
Baltimore City	510,571	11,694	35.4%	2,290.4	43	11,076	35.1%	2,169.3	46	-5.3%
Baltimore	699,848	3,594	10.9%	513.5	194	3,454	10.9%	493.5	202	-3.9%
Calvert	77,463	107	0.3%	138.1	723	133	0.4%	171.7	582	24.3%
Caroline	27,707	68	0.2%	245.4	407	64	0.2%	231.0	432	-5.9%
Carroll	143,269	148	0.4%	103.3	968	162	0.5%	113.1	884	9.5%
Cecil	86,608	121	0.4%	139.7	715	144	0.5%	166.3	601	19.0%
Charles	134,428	510	1.5%	379.4	263	594	1.9%	441.9	226	16.5%
Dorchester	27,228	129	0.4%	473.8	211	148	0.5%	543.6	183	14.7%
Frederick	214,057	363	1.1%	169.6	589	450	1.4%	210.2	475	24.0%
Garrett	25,427	11	0.0%	43.3	2,311	16	0.1%	62.9	1,589	45.5%
Harford	214,532	462	1.4%	215.4	464	508	1.6%	236.8	422	10.0%
Howard	268,234	576	1.7%	214.7	465	670	2.1%	249.8	400	16.3%
Kent	17,222	38	0.1%	220.6	453	43	0.1%	249.7	400	13.2%
Montgomery	877,597	4,268	12.9%	486.3	205	3,558	11.3%	405.4	246	-16.6%
Prince George's	760,274	7,424	22.5%	976.5	102	7,731	24.5%	1,016.9	98	4.1%
Queen Anne's	42,794	52	0.2%	121.5	822	49	0.2%	114.5	873	-5.8%
Saint Mary's	93,234	135	0.4%	144.8	690	161	0.5%	172.7	579	19.3%
Somerset	22,469	60	0.2%	267.0	374	93	0.3%	413.9	241	55.0%
Talbot	32,218	67	0.2%	208.0	480	77	0.2%	239.0	418	14.9%
Washington	127,623	297	0.9%	232.7	429	340	1.1%	266.4	375	14.5%
Wicomico	86,947	241	0.7%	277.2	360	255	0.8%	293.3	340	5.8%
Worcester	45,604	76	0.2%	166.7	600	71	0.2%	155.7	642	-6.6%
Corrections	--	1,190	3.6%	--	--	291	0.9%	--	--	--
Total	5,080,666	33,024	100.0%	650.0	153	31,576	100.0%	621.5	160	-4.4%

Table 4 – CD4 Test Results During April 1, 2018 through March 31, 2019 for People Aged 13+ Living with Diagnosed HIV, Alive on March 31, 2019, by Jurisdiction of Current Residence, Reported through September 30, 2019

Jurisdiction of Current Residence	Total People Aged 13+ Living with Diagnosed HIV							
	No.	Recent CD4 Test Result						
		No. with Test	% with Test	Median Count	<200	200-349	350-499	500+
Allegany	102	92	90.2%	696	5.4%	8.7%	14.1%	71.7%
Anne Arundel	1,386	1,058	76.3%	635	7.8%	11.4%	15.5%	65.2%
Baltimore City	11,076	8,399	75.8%	593	10.2%	12.6%	15.8%	61.4%
Baltimore	3,454	2,570	74.4%	624	7.7%	11.6%	15.1%	65.5%
Calvert	133	111	83.5%	678	7.2%	15.3%	16.2%	61.3%
Caroline	64	55	85.9%	658	3.6%	9.1%	12.7%	74.5%
Carroll	162	121	74.7%	717	5.0%	10.7%	11.6%	72.7%
Cecil	144	95	66.0%	599	8.4%	9.5%	17.9%	64.2%
Charles	594	462	77.8%	644	7.4%	12.6%	13.0%	67.1%
Dorchester	148	123	83.1%	593	8.1%	11.4%	17.1%	63.4%
Frederick	450	350	77.8%	646	4.9%	10.6%	12.9%	71.7%
Garrett	16	14	87.5%	769	0.0%	14.3%	14.3%	71.4%
Harford	508	385	75.8%	596	8.6%	13.2%	15.8%	62.3%
Howard	670	506	75.5%	641	6.7%	12.6%	14.8%	65.8%
Kent	43	36	83.7%	683	8.3%	5.6%	13.9%	72.2%
Montgomery	3,558	2,565	72.1%	603	6.9%	11.9%	17.0%	64.2%
Prince George's	7,731	5,977	77.3%	610	8.1%	11.3%	16.7%	63.8%
Queen Anne's	49	40	81.6%	651	7.5%	12.5%	15.0%	65.0%
Saint Mary's	161	130	80.7%	620	6.2%	15.4%	16.2%	62.3%
Somerset	93	82	88.2%	616	12.2%	13.4%	11.0%	63.4%
Talbot	77	67	87.0%	555	10.4%	19.4%	14.9%	55.2%
Washington	340	273	80.3%	641	8.1%	11.0%	11.0%	70.0%
Wicomico	255	208	81.6%	571	11.5%	17.3%	12.0%	59.1%
Worcester	71	57	80.3%	611	7.0%	8.8%	15.8%	68.4%
Corrections	291	234	80.4%	678	5.6%	11.1%	14.5%	68.8%
Total	31,576	24,010	76.0%	610	8.5%	12.0%	15.8%	63.6%

Table 5 – Viral Load Test Results During April 1, 2018 through March 31, 2019 for People Aged 13+ Living with Diagnosed HIV, Alive on March 31, 2019, by Jurisdiction of Current Residence, Reported through September 30, 2019

Jurisdiction of Current Residence	Total People Aged 13+ Living with Diagnosed HIV				
	No.	Recent Viral Load Test Result			
		No. with Test	% with Test	% Suppressed	Median Unsuppressed
Allegany	102	92	90.2%	92.4%	6,154
Anne Arundel	1,386	1,081	78.0%	88.7%	8,279
Baltimore City	11,076	8,761	79.1%	85.6%	10,600
Baltimore	3,454	2,662	77.1%	88.2%	9,660
Calvert	133	109	82.0%	90.8%	14,775
Caroline	64	55	85.9%	90.9%	12,436
Carroll	162	124	76.5%	96.0%	12,400
Cecil	144	100	69.4%	80.0%	19,500
Charles	594	465	78.3%	89.7%	9,085
Dorchester	148	119	80.4%	91.6%	14,945
Frederick	450	352	78.2%	91.5%	5,945
Garrett	16	14	87.5%	85.7%	10,528
Harford	508	388	76.4%	86.6%	7,925
Howard	670	523	78.1%	88.7%	4,900
Kent	43	37	86.0%	89.2%	37,315
Montgomery	3,558	2,554	71.8%	89.4%	9,114
Prince George's	7,731	5,986	77.4%	86.3%	12,729
Queen Anne's	49	39	79.6%	92.3%	302
Saint Mary's	161	133	82.6%	91.0%	1,360
Somerset	93	82	88.2%	87.8%	5,205
Talbot	77	68	88.3%	94.1%	134,451
Washington	340	268	78.8%	86.6%	26,150
Wicomico	255	209	82.0%	88.0%	6,470
Worcester	71	60	84.5%	95.0%	7,710
Corrections	291	226	77.7%	85.8%	7,750
Total	31,576	24,507	77.6%	87.1%	10,175